

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Evergreen Adult Day Care Hawaii, Inc.	CHAPTER 700
Address: 825 Keeaumoku Street #113, Honolulu, Hawaii 96814	Inspection Date: February 3, 2021 Initial (Office)

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-2 <u>Definitions.</u> As used in this chapter:</p> <p>“Personal care aide” means a person who has successfully completed the basic nurse aide course in a state-approved nurse aide training program or an equivalent course or has successfully completed coursework which qualifies a person as certified or licensed health care professional. The department reserves the right to determine an equivalent course.</p> <p><u>FINDINGS</u> No documentation that employee #1 completed nurse aide training course, and employee is assigned to a client (client #1) requiring personal care services.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ol style="list-style-type: none"> 1. Supervisor reviewed Homemaker job description with employee #1 and gave her the copy (on 2/8/2021) 2. Supervisor told Employee #1 she shall not provide hand-on or personal care services because she has no basic nurse aide training (on 2/8/2021). 3. Supervisor reviewed the service agreement and the service plan with client to let her clearly understand employee #1 cannot provide hand-on or personal care services (on 2/8/2021) 4. Supervisor conducted a home visit (on 2/22/2021) to follow-up and monitor the home care services employee 1 was delivering. 	

5. Employ #1's job is limited to homemaker services such as dusting, mopping, cleaning after meal, doing 2 laundry.

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<input checked="" type="checkbox"/>	<p>§11-700-2 <u>Definitions.</u> As used in this chapter:</p> <p>“Personal care aide” means a person who has successfully completed the basic nurse aide course in a state-approved nurse aide training program or an equivalent course or has successfully completed coursework which qualifies a person as certified or licensed health care professional. The department reserves the right to determine an equivalent course.</p> <p><u>FINDINGS</u> No documentation that employee #1 completed nurse aide training course, and employee is assigned to a client (client #1) requiring personal care services.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Supervisor shall assign home care services - home making or personal care services - based on each employee's qualification such as training. 2. Supervisor shall review job description with each employee on a regular basis - during orientation, at the beginning of the services, during annual visit. 3. Supervisor shall give a copy of his/her job description to each employee. 4. Supervisor shall review service plan with clients to make sure that the client understand the scope of services his/her home care aide can provide. 5. Supervisor will monitor and follow up at the start of service, in 2 weeks from the start of service, and once a year. 	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan</u>. (b) The home care agency staff and supervisor shall review the service plan annually or whenever there has been a change in the client's condition.</p> <p><u>FINDINGS</u> Service plan was not reviewed annually for the following clients:</p> <ul style="list-style-type: none"> • Client #1- last reviewed 2/26/18 • Client #2- last reviewed 3/26/18 • Client #3- last reviewed 9/6/18 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ol style="list-style-type: none"> 1. Supervisor contacted client 1, 2, and 3 to get input from them to develop an updated service plan. 2. Supervisor updated service plan for client 1 and reviewed it with client 1 on 2/11/2021. 3. Supervisor updated service plan for client 2 and reviewed it with client 2 on 2/9/2021. 4. Supervisor updated service plan for client 3 and reviewed it with client 3 on 2/8/2021. 5. Supervisor gave a copy of service plan, signed by each client on the review date, to each client and told them to keep it at home. 	

6. Supervisor reviewed the updated service plan with the employees who're assigned to client 1, 2, and 3 on 2/11/2021, 2/9/2021, and 2/8/2021 respectively. (continued)

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<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan</u>. (b) The home care agency staff and supervisor shall review the service plan annually or whenever there has been a change in the client's condition.</p> <p><u>FINDINGS</u> Service plan was not reviewed annually for the following clients:</p> <ul style="list-style-type: none"> • Client #1- last reviewed 2/26/18 • Client #2- last reviewed 3/26/18 • Client #3- last reviewed 9/6/18 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Supervisor shall develop service plan based on Supervisor's assessment, inputs from client or client's representatives to reflect the needs/problems identified and the scope of services the client need. 2. Supervisor shall obtain the client / client representative's consent and signature to receive services as requested and recorded in the service plan. 3. Supervisor shall give a copy of service plan to the client / client's representatives to be kept in the client's home. 4. Supervisor shall review service plan with home care aide(s) prior to service being delivered so he/she is aware of the scope of services he/she is required to perform. 5. Written notations of service plan review with home care aide(s) shall be made 	

and shall include the date of review the signature of Supervisor, the name of 5 home care aide(s).

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (c) The supervisor shall perform a supervisory visit of all employees providing client services at each client's residence at least once a year.</p> <p><u>FINDINGS</u> No supervisory visit completed for employees #1 and #2.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ol style="list-style-type: none"> 1. Supervisor conducted a supervising visit for employee #1 on 2/22/2021 2. During supervising visit supervisor reviewed again service plan and service agreement with client 3 to follow up any changes in the client's needs and wants. 3. Supervisor monitored if employee 1 was providing home care services based on service plan. 4. Employee 1 is providing only home maker services. 5. Supervisor completed a supervising home visit for employee #2 on 2/25/21. 	

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<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (c) The supervisor shall perform a supervisory visit of all employees providing client services at each client's residence at least once a year.</p> <p><u>FINDINGS</u> No supervisory visit completed for employees #1 and #2.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Supervisor shall conduct annual supervisory visits while home care aide(s) are providing home care services at the client's home. 2. Supervisor shall monitor and follow-up with a phone call or home visit 2 weeks after the implementation of services. 3. Supervisor shall ensure that revisions to the service plan are made if monitoring and follow-up evaluations indicate that the services in place are not getting the job done; client developed additional needs or client no longer need the services. 4. Supervisor shall determine if employee 	

needs training / development requirements for his/her competency.

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Licensee's/Administrator's Signature: 

Print Name: Hye Kim

Date: 3/8/2021